

STOCKWELL HARRIS SACRAMENTO  
KALIE WIKEL  
(916) 924-1862  
Kalie\_Wikel@shww.com

1-13-2012

**PROOF OF SERVICE**

STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

I am in the County of Sacramento, State of California. I am over the age of 18 years and not a party to the within action. My business address is 1545 River Park Drive, Suite 330, Sacramento, California 95815-4616.

I served the foregoing document described as: **Declaration of Readiness to Proceed** on all interested parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States mailed at Sacramento, California, addressed as follows:

Workers' Compensation Appeals Board  
31 E. Channel Street, Room 344  
Stockton, CA 95202

*Electronically Filed*

Ms. Tiffany Anderson  
2 N. Avena Ave  
Lodi, CA 95240

Ms. Mackenzie Dawson  
AIMS Insurance (Sacramento)  
Post Office Box 269120  
Sacramento, California 95826-9120  
(SEND ALL CORRESPONDENCE AND SCANNED ENCLOSURES VIA E-MAIL ONLY)

Mr. John Stroh  
San Joaquin County Mosquito & Vector Control District  
7759 S. Airport Way  
Stockton, CA 95206

ARS Legal  
13925 Whittier Blvd.  
Whittier, CA 90605

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on January 13, 2012, at Sacramento, California.

By: Kathie Stokes  
Kathi Stokes





STATE OF CALIFORNIA  
 DIVISION OF WORKERS' COMPENSATION  
 WORKERS' COMPENSATION APPEALS BOARD  
 DECLARATION OF READINESS TO PROCEED



ADJ7004227  
 ADJ7010682  
 ADJ7976768  
 ADJ7004221

NOTICE: Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within ten (10) days after service of the Declaration.

Case No. \_\_\_\_\_

**Applicant**

TIFFANY  
 First Name

MI

ANDERSON  
 Last Name

VS

**Employer Information**

SAN JOAQUIN COUNTY MOSQUITO VECTOR CONTROL DISTRICT

Employer Name (Please leave blank spaces between numbers, names or words)

7759 S AIRPORT WAY

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

STOCKTON  
 City

CA  
 State

95206  
 Zip Code

Declarants: Please designate your role (Please Select Only One)

- Employee       Applicant       Defendant       Lien Claimant

Declarant requests: (Please Select Only One)

- Mandatory Settlement Conference       Status Conference       Rating MSC\*       Priority Conference  
 Lien Conference

At the present time the principal issues are: (Check all that apply)

- Compensation Rate       Rehabilitation/SJDB       Temporary Disability       Self-Procured Medical Treatment  
 Permanent Disability       Future Medical Treatment       AOE/COE       Discovery  
 Employment       Other Medical Records, Applicant's Letter of 1/9/12, Information  
to Panel QME and other providers and outside entities.

Declarant relies on the report(s) of:

Doctors (s) N/A

date n/a

MM/DD/YYYY

\*For a Rating MSC, all ratable medical reports, including treating physician, QME and AME reports, must be filed with this Declaration of Readiness, unless they have been previously filed. A Rating MSC will be set only where the issues are limited to permanent disability and the need for future medical treatment.



Declarant states under penalty perjury that he or she is presently ready to proceed to hearing on the issues below and has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed below:

WCAB ASSISTANCE IS REQUESTED REGARDING FURTHER DISCOVERY, SPECIFICALLY WITH REGARD TO MEDICAL RECORDS, APPLICANT'S LETTER OF 1/9/12, AND INFORMATION THAT WILL BE PROVIDED TO THE PANEL QME AND OTHER PROVIDERS AND OUTSIDE ENTITIES.

Unless a status or priority conference is requested, I have completed discovery on the issues listed above, and that all medical reports in my possession or control have been filed and served as required by the rules promulgated by the Court Administrator.

Copies of this Declaration have been served this date as shown on the attached proof of service.

Declarant's Signature

STOCKWELL HARRIS SACRAMENTO

Name of declarant or name of the law firm of the declarant (Print or Type)

1545 RIVER PARK DR STE 330 SACRAMENTO CA

Address (Please leave blank spaces between numbers, names or words)

(916) 924-1862  
Phone Number

Date 01/13/2012  
MM/DD/YYYY